

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

571

State File No. 847
Registrar's No.

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mos.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Edward J. McCullough

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov. 4 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 22 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Policeman

11. Industry or business

12. Name John McCullough

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Julia Mann
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Florence McCullough

(b) Address 5024 Rosa Ave.

17. (a) Burial (b) Date thereof 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edmund M. McCullough

(b) Address 714 So. Bway, St. Louis, Mo.

19. (a) JAN 28 1942 (b) J. J. Bruck
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5024 Rosa Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1942 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 26 to Jan 26 1942
that I last saw him alive on Jan 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Impediments Duration 1 yr.

Due to.....

Due to.....

Other conditions Pharyngeal Hypertrophy 1-yr.
(Include pregnancy within 3 months of death)
Hypertension

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Edmund M. McCullough (M. D. or other).....

Address 5412 So. Grand Blvd. Date signed 1-27-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. E. N. Lund
5419 S. Grand
11 am - 1 pm

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by and
Richard G. Hoffmeister, Registered Apprentice No. 391
working under my personal supervision.

Signed

Edwin H. Leiberger

Licensed Embalmer No.

4049

P. O. Address

6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.